



WOMEN ARE THE FABRIC

REPRODUCTIVE HEALTH FOR
COMMUNITIES IN CRISIS



Emergencies affect women and men differently.

So can our humanitarian response.



Women are the fabric that holds families and communities together.

Everywhere in the world, women weave and mend the social fabric of our communities. When emergencies strike, women overcome immense obstacles to provide care and safety for others – even as their own vulnerability to poverty, malnutrition, sexual violence and exploitation, sexually transmitted infections, unplanned pregnancy and unassisted childbirth increases.

In Northern Kenya, during the famine that struck the Horn of Africa, I met Hawa Ali who was pregnant with triplets. Suffering from malnutrition, 27-year-old Hawa had been in a UNFPA-supported maternity shelter for four months because of the high risks associated with her pregnancy. Thanks to this shelter, Hawa was able to deliver safely and receive the postnatal care she needed.

Targeted support to women is one of the best ways to ensure the health, security and well-being of families and entire communities. That is why UNFPA is at the forefront with our partners, delivering aid and working to ensure that the specific needs of women and girls are factored into humanitarian response strategies.

Families and communities are held together by women like Hawa. It is our duty to support them every step of the way.



Dr. Babatunde Osotimehin
UNFPA Executive Director

PROMOTING SAFE MOTHERHOOD

Women do not stop getting pregnant or having babies when a disaster strikes.

In a crisis or refugee situation, one in five women of childbearing age is likely to be pregnant.

Conflicts and natural disasters put these women and their babies at risk because of the sudden loss of medical support, compounded in many cases by trauma, malnutrition or disease, and exposure to violence.

Women fleeing war may have to give birth on the run, without even the most basic items for clean delivery.

Natural disasters can wipe out medical facilities and push many women into premature labour.

Even in relatively stable refugee or displacement settings, lack of family planning and maternal care can put countless women at risk.

Women who die in childbirth leave behind devastated families. Their other children are more likely to die before reaching adolescence. Even those who survive are less likely to complete their education.

When crisis strikes, UNFPA sends emergency supplies and equipment to make childbirth safer and to support medical interventions where necessary. More comprehensive services are organized when the worst of the crisis has passed.



Heeding the call



CHOUCHA, TUNISIA – As widespread unrest shook Libya in early March 2011, around 1,000 people per hour were crossing the border into Tunisia. Tents quickly sprung up in the desert as refugee camps formed near small towns. While international organizations deployed staff and supplies to respond to the crisis, many Tunisians also rushed to the border to offer their skills to help refugees.

With over 30 years of experience as a midwife, 54-year-old Bochra Ben Teib found herself, for the first time, drawn to humanitarian work when she discovered an alarming situation a few miles from Ben Guerdane, her hometown in Southern Tunisia. “My husband and I came to bring blankets and food to the first refugees who had fled Libya,” she recalls. “I noticed that there were many pregnant women among all the people. I immediately wanted to help them.”

Skilled and timely interventions can mean the difference between life and death for pregnant women and their newborns, and for other children and relatives who depend of them.

UNFPA works with partners to ensure that the specific needs of women are factored into the planning of all humanitarian assistance, by addressing reproductive health needs that are sometimes forgotten in the rush to provide food, shelter, water and other essentials.

At the onset of the refugee crisis in Tunisia, UNFPA sent emergency supplies and equipment to make childbirth safer and supported the deployment of midwives. Bochra who works at Ben Guerdane’s reproductive health centre, was sent, in coordination with UNFPA, to work in Choucha refugee camp.

Delivering into Chaos

PORT-AU-PRINCE, HAITI – In the aftermath of the devastation left by the 2010 earthquake in Haiti, women continued to give birth amid the chaos. They gave birth in cars and tents, on park benches and bare ground, under blazing sun with little water, much less anything to ease the pain of the labour, and, often, crushed limbs.

The lucky ones managed to get to overcrowded hospitals or makeshift maternity wards and were assisted by volunteer doctors and nurses working with intermittent electricity and minimal equipment and supplies.

One of UNFPA's top priorities was to protect the lives of mothers and their newborns. UNFPA supplied safe delivery and reproductive health kits to still-standing hospitals, NGOs and mobile clinics.

UNFPA also provided medical kits to thousands of expectant mothers in Haiti in case they could not get medical attention in time and give birth at home or on the streets.

A 'clean delivery packet' for a pregnant woman comprises a clean piece of plastic sheet, a razor blade and string to cut and tie the umbilical cord, soap, a diaper cloth to dry the baby, and gloves.

In response to the outbreak of cholera which swept Haiti a few months after the earthquake, UNFPA also adapted 22,000 standard hygiene kits to include items that could reduce or prevent the spread of the epidemic. These kits were especially targeting pregnant women and people living with HIV. They included aqua tablets, additional soap, portable water filters (Life Straws) and oral rehydration salts.



ADDRESSING SEXUAL VIOLENCE

Sexual violence occurs at every stage of a conflict and may become more widespread in the wake of a natural disaster.

In many conflicts, women's bodies become battlegrounds, with rape used as a weapon of war to humiliate, dominate or disrupt social ties.

In the aftermath of natural disasters, women and young people may be left unaccompanied – out in the open or in temporary shelters – at the same time that chaos and a breakdown in policing lead to increased lawlessness and risk of abuse.

Intimate partner violence may also rise among crisis-affected populations, as many men who have lost jobs, status and stability take out their frustrations on their partners.

The impact of violence, especially rape, can be devastating. Physical consequences may include injuries, unwanted pregnancies, and HIV. Damage to mental health may lead to anxiety, post-traumatic stress disorder, depression, and suicide. The families and communities of survivors may be traumatized as well.

UNFPA works with governments, local organizations and other humanitarian partners to provide medical care and social support for the survivors of sexual violence and to prevent further attacks. UNFPA coordinates inter-agency actors to ensure a robust and multi-sector response to gender-based violence from the earliest stages of an emergency.



Pushed into dangerous territory



DADAAB, KENYA – Fatima* knew that the journey from Southern Somalia to Kenya's Dadaab refugee camp could be very dangerous.

"I had heard about bandits raping women along the way, or forcing husbands to rape their wives, but I had to get to Dadaab," said the 22-year-old mother of two. "My children and I had gone to sleep hungry so many times, I just wanted to flee and get help."

Only five days into her ten-day journey, Fatima was attacked at gunpoint by bandits who dragged her into the bush and raped her repeatedly. "My children just kept crying as these men raped me. I was too tired to fight back, and I let them do whatever they wanted to do," she recalls. "They just tore my clothes and after everything, left me to go.

I walked for so many miles without a cloth around my body until I got some women in a group who gave me tattered clothes to wrap myself."

On arrival at the camp, Fatima shared her story with camp officials who referred her to a clinic run by UNFPA's implementing partner, the International Rescue Committee, where she received counselling and was also screened for pregnancy and sexually transmitted infections. UNFPA also distributed post-rape kits and other reproductive health kits to health facilities in the camps.

"I know the memories will stay with me for a long time," said Fatima, "I do feel better somehow because I shared my story and I was counselled and also treated. But it is hard to talk about it."

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*Fatima's name has been changed to preserve anonymity